



February 4, 2025

HOUSE BILL No. 1689

DIGEST OF HB 1689 (Updated February 4, 2025 11:03 am - DI 147)

Citations Affected: IC 12-7; IC 12-11; IC 12-15; IC 16-39; IC 34-30; IC 35-52; noncode.

Synopsis: Human services matters. Provides that provisions of law concerning the statewide waiver ombudsman apply to an individual who has a developmental disability and receives services administered by the bureau of disabilities services. (Current law specifies that these provisions apply to an individual who has a developmental disability and receives services under the federal home and community based services program.) Specifies that these provisions do not apply to an individual served by the long term care ombudsman program. Changes references from "statewide waiver ombudsman" to "statewide bureau of disabilities services ombudsman". Requires the office of the secretary of family and social services (office of the secretary) to prepare an annual report on the provision of Medicaid home and community based waiver services. Specifies the information that must be included in the report. Requires the office of the secretary to provide to the division of disability and rehabilitative services advisory council a report on the office of the secretary's plans to provide services to individuals who require extraordinary care.

Effective: Upon passage; July 1, 2025.

Clere, Porter, Behning, Pryor

January 21, 2025, read first time and referred to Committee on Public Health.
February 4, 2025, amended, reported — Do Pass.

HB 1689—LS 7675/DI 147



February 4, 2025

First Regular Session of the 124th General Assembly (2025)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2024 Regular Session of the General Assembly.

HOUSE BILL No. 1689

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-7-2-135.3 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 135.3. **(a)**
3 "Ombudsman", for purposes of IC 12-10-13, has the meaning set forth
4 in IC 12-10-13-4.5.

5 **(b) "Ombudsman", for purposes of IC 12-11-13, has the**
6 **meaning set forth in IC 12-11-13-2.**

7 SECTION 2. IC 12-7-2-149.1, AS AMENDED BY P.L.10-2019,
8 SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2025]: Sec. 149.1. "Provider" means the following:

10 (1) For purposes of IC 12-10-7, the meaning set forth in
11 IC 12-10-7-3.

12 (2) For purposes of the following statutes, an individual, a
13 partnership, a corporation, or a governmental entity that is
14 enrolled in the Medicaid program under rules adopted under
15 IC 4-22-2 by the office of Medicaid policy and planning:

16 (A) IC 12-14-1 through IC 12-14-8.

17 (B) IC 12-15, except IC 12-15-32, IC 12-15-33, and

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- 1 IC 12-15-34.
- 2 (C) IC 12-17.6.
- 3 (3) Except as provided in subdivisions (4) and (6), for purposes
- 4 of IC 12-17.2, a person who operates a child care center or child
- 5 care home under IC 12-17.2.
- 6 (4) For purposes of IC 12-17.2-3.5, a person that:
- 7 (A) provides child care; and
- 8 (B) is directly paid for the provision of the child care under the
- 9 federal Child Care and Development Fund voucher program
- 10 administered under 45 CFR 98 and 45 CFR 99.
- 11 The term does not include an individual who provides services to
- 12 a person described in clauses (A) and (B), regardless of whether
- 13 the individual receives compensation.
- 14 (5) For purposes of IC 12-21-1 through IC 12-29-2, an
- 15 organization:
- 16 (A) that:
- 17 (i) provides mental health services, as defined under 42
- 18 U.S.C. 300x-2(c);
- 19 (ii) provides addiction services; or
- 20 (iii) provides children's mental health services;
- 21 (B) that has entered into a provider agreement with the
- 22 division of mental health and addiction under IC 12-21-2-7 to
- 23 provide services in the least restrictive, most appropriate
- 24 setting; and
- 25 (C) that is operated by one (1) of the following:
- 26 (i) A city, town, county, or other political subdivision of the
- 27 state.
- 28 (ii) An agency of the state or of the United States.
- 29 (iii) A political subdivision of another state.
- 30 (iv) A hospital owned or operated by a unit of government
- 31 or a building authority that is organized for the purpose of
- 32 constructing facilities to be leased to units of government.
- 33 (v) A corporation incorporated under IC 23-7-1.1 (before its
- 34 repeal August 1, 1991) or IC 23-17.
- 35 (vi) An organization that is exempt from federal income
- 36 taxation under Section 501(c)(3) of the Internal Revenue
- 37 Code.
- 38 (vii) A university or college.
- 39 (6) For purposes of IC 12-17.2-2-10, the following:
- 40 (A) A person described in subdivision (4).
- 41 (B) A child care center licensed under IC 12-17.2-4.
- 42 (C) A child care home licensed under IC 12-17.2-5.



(7) For purposes of IC 12-11-13, an authorized provider entity that delivers services administered by the bureau of disabilities services.

SECTION 3. IC 12-11-13-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 1. (a) Except as provided in subsection (b), this chapter applies only to an individual who:

- (1) has a developmental disability; and
- (2) receives services under a waiver under the federal home and community based services program administered by the bureau.

(b) This chapter does not apply to an individual served by the long term care ombudsman program established under IC 12-10-13.

SECTION 4. IC 12-11-13-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 2. As used in this chapter, "ombudsman" refers to the statewide ~~waiver~~ **bureau of disabilities services** ombudsman established by section 3 of this chapter. The term includes individuals approved to act in the capacity of ombudsmen by the statewide ~~waiver~~ **bureau of disabilities services** ombudsman.

SECTION 5. IC 12-11-13-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 3. The statewide ~~waiver~~ **bureau of disabilities services** ombudsman position is established within the division.

SECTION 6. IC 12-11-13-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 7. (a) An ombudsman must be provided access to the following:

- (1) An individual described in section 1 of this chapter.
- (2) An entity that provides ~~waiver~~ services to an individual described in section 1 of this chapter.
- (3) Records of an individual described in section 1 of this chapter, including records held by an entity that provides services to the individual.
- (4) If an individual described in section 1 of this chapter is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law, the name, address, and telephone number of the individual's legal representative.

Except as provided in subsections (c) and (d), the ombudsman must obtain consent under subsection (b) before having access to the records described in subdivision (3).



(b) Consent to have access to an individual's records shall be given in one (1) of the following forms:

- (1) In writing by the individual.
- (2) Orally by the individual in the presence of a witness.
- (3) In writing by the legal representative of the individual if:
 - (A) the individual is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law; and
 - (B) the legal representative has the authority to give consent.

(c) If consent to have access to an individual's records cannot be obtained under subsection (b), an ombudsman may inspect the records of the individual if the individual is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law, and:

- (1) has no legal representative;
- (2) has a legal representative but the legal representative cannot be contacted within three (3) days; or
- (3) has a legal representative but the legal representative does not have the authority to give consent to have access to the records.

(d) If an ombudsman has:

- (1) been denied access to an individual's records by the individual's legal representative;
- (2) reasonable cause to believe that the individual's legal representative is not acting in the best interests of the individual; and
- (3) received written approval from the state ombudsman;

the ombudsman may inspect the records of the individual.

SECTION 7. IC 12-11-13-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 8. A provider of ~~waiver~~ services or an employee of a provider of ~~waiver~~ services is immune from:

- (1) civil or criminal liability; and
 - (2) actions taken under a professional disciplinary procedure;
- for the release or disclosure of records to the ombudsman under this chapter.

SECTION 8. IC 12-11-13-10, AS AMENDED BY P.L.99-2007, SECTION 86, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 10. The ombudsman shall do the following:

- (1) Promote effective coordination among the following:
 - (A) Programs that provide legal services for individuals with a ~~developmental~~ disability.
 - (B) The division.



- 1 (C) Providers of ~~waiver~~ services to individuals with
- 2 developmental disabilities.
- 3 (D) Providers of other necessary or appropriate services.
- 4 (2) Ensure that the identity of an individual described in section
- 5 1 of this chapter will not be disclosed without:
- 6 (A) the individual's written consent; or
- 7 (B) a court order.
- 8 SECTION 9. IC 12-11-13-15 IS AMENDED TO READ AS
- 9 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 15. The division shall:
- 10 (1) establish a statewide toll free telephone line continuously open
- 11 to receive complaints regarding individuals described in section
- 12 1 of this chapter; and
- 13 (2) forward all complaints received from the toll free telephone
- 14 line to the ~~statewide waiver~~ ombudsman.
- 15 SECTION 10. IC 12-15-1-14.5 IS ADDED TO THE INDIANA
- 16 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 17 [EFFECTIVE JULY 1, 2025]: **Sec. 14.5. (a) The office of the**
- 18 **secretary shall prepare a report on the provision of Medicaid home**
- 19 **and community based waiver services to recipients who have**
- 20 **medically complex conditions, including the following:**
- 21 **(1) The number of recipients who received services**
- 22 **categorized by recipients:**
- 23 **(A) less than; and**
- 24 **(B) at least;**
- 25 **eighteen (18) years of age.**
- 26 **(2) The county of residence of each recipient who received**
- 27 **services.**
- 28 **(3) The specific Medicaid state plan or Medicaid home and**
- 29 **community based waiver services used.**
- 30 **(4) A list of approved services that are not fully utilized by the**
- 31 **recipients.**
- 32 **(5) Any reason the services described in subdivision (4) are**
- 33 **not fully utilized.**
- 34 **(6) The cost of providing services categorized by:**
- 35 **(A) the type of service; and**
- 36 **(B) a recipient's medical diagnosis or condition, if known.**
- 37 **(7) Outcomes and performance metrics, including quality of**
- 38 **care.**
- 39 **(8) Recommendations to ensure the delivery of appropriate**
- 40 **high quality services to recipients, including the following:**
- 41 **(A) An evaluation of models of care for complex care**
- 42 **assistants utilized in other states, including the cost**



effectiveness and outcomes.

(B) The feasibility of establishing a complex care assistant program in Indiana.

(C) An analysis of the complex care assistant program described in clause (B), including:

(i) potential benefits and risks to recipients and family caregivers;

(ii) anticipated fiscal impact;

(iii) training and certification requirements; and

(iv) implementation challenges and strategies to address the challenges.

(b) In developing the recommendations described in subsection (a)(8), the office of the secretary shall consult with the office of Medicaid policy and planning.

(c) Not later than September 1, 2025, and each September 1 thereafter, the office of the secretary shall submit the report described in subsection (a) to the following:

(1) The Medicaid advisory commission, established by IC 12-15-33-2.

(2) The Medicaid oversight committee, in an electronic format under IC 5-14-6.

(3) The state budget committee.

(4) The legislative council, in an electronic format under IC 5-14-6.

SECTION 11. IC 16-39-2-6, AS AMENDED BY P.L.137-2021, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 6. (a) Without the consent of the patient, the patient's mental health record may only be disclosed as follows:

(1) To individuals who meet the following conditions:

(A) Are employed by:

(i) the provider at the same facility or agency;

(ii) a managed care provider (as defined in IC 12-7-2-127); or

(iii) a health care provider or mental health care provider, if the mental health records are needed to provide health care or mental health services to the patient.

(B) Are involved in the planning, provision, and monitoring of services.

(2) To the extent necessary to obtain payment for services rendered or other benefits to which the patient may be entitled, as provided in IC 16-39-5-3.

(3) To the patient's court appointed counsel and to the Indiana



protection and advocacy services commission.

(4) For research conducted in accordance with IC 16-39-5-3 and the rules of the division of mental health and addiction, the rules of the division of disability and rehabilitative services, the rules of the provider, or the rules of the Indiana archives and records administration and the oversight committee on public records.

(5) To the division of mental health and addiction for the purpose of data collection, research, and monitoring managed care providers (as defined in IC 12-7-2-127) who are operating under a contract with the division of mental health and addiction.

(6) To the extent necessary to make reports or give testimony required by the statutes pertaining to admissions, transfers, discharges, and guardianship proceedings.

(7) To a law enforcement agency if any of the following conditions are met:

(A) A patient escapes from a facility to which the patient is committed under IC 12-26.

(B) The superintendent of the facility determines that failure to provide the information may result in bodily harm to the patient or another individual.

(C) A patient commits or threatens to commit a crime on facility premises or against facility personnel.

(D) A patient is in the custody of a law enforcement officer or agency for any reason and:

(i) the information to be released is limited to medications currently prescribed for the patient or to the patient's history of adverse medication reactions; and

(ii) the provider determines that the release of the medication information will assist in protecting the health, safety, or welfare of the patient.

Mental health records released under this clause must be maintained in confidence by the law enforcement agency receiving them.

(8) To a coroner or medical examiner, in the performance of the individual's duties.

(9) To a school in which the patient is enrolled if the superintendent of the facility determines that the information will assist the school in meeting educational needs of the patient.

(10) To the extent necessary to satisfy reporting requirements under the following statutes:

(A) IC 12-10-3-10.

(B) IC 12-24-17-5.



- 1 (C) IC 16-41-2-3.
- 2 (D) IC 16-50-1-8.
- 3 (E) IC 31-25-3-2.
- 4 (F) IC 31-33-5-4.
- 5 (G) IC 34-30-16-2.
- 6 (H) IC 35-46-1-13.
- 7 (11) To the extent necessary to satisfy release of information
- 8 requirements under the following statutes:
- 9 (A) IC 12-24-11-2.
- 10 (B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.
- 11 (C) IC 12-26-11.
- 12 (12) To another health care provider in a health care emergency.
- 13 (13) For legitimate business purposes as described in
- 14 IC 16-39-5-3.
- 15 (14) Under a court order under IC 16-39-3.
- 16 (15) With respect to records from a mental health or
- 17 developmental disability facility, to the United States Secret
- 18 Service if the following conditions are met:
- 19 (A) The request does not apply to alcohol or drug abuse
- 20 records described in 42 U.S.C. 290dd-2 unless authorized by
- 21 a court order under 42 U.S.C. 290dd-2(b)(2)(c).
- 22 (B) The request relates to the United States Secret Service's
- 23 protective responsibility and investigative authority under 18
- 24 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
- 25 (C) The request specifies an individual patient.
- 26 (D) The director or superintendent of the facility determines
- 27 that disclosure of the mental health record may be necessary
- 28 to protect a person under the protection of the United States
- 29 Secret Service from serious bodily injury or death.
- 30 (E) The United States Secret Service agrees to only use the
- 31 mental health record information for investigative purposes
- 32 and not disclose the information publicly.
- 33 (F) The mental health record information disclosed to the
- 34 United States Secret Service includes only:
- 35 (i) the patient's name, age, and address;
- 36 (ii) the date of the patient's admission to or discharge from
- 37 the facility; and
- 38 (iii) any information that indicates whether or not the patient
- 39 has a history of violence or presents a danger to the person
- 40 under protection.
- 41 (16) To the statewide ~~waiver~~ **bureau of disabilities services**
- 42 ombudsman established under IC 12-11-13, in the performance



of the ombudsman's duties.

(b) If a licensed mental health professional, a licensed paramedic, a representative of a mobile integrated healthcare program (as described in IC 16-31-12), or a representative of a mental health community paramedicine program in the course of rendering a treatment intervention, determines that a patient may be a harm to himself or herself or others, the licensed mental health professional, the licensed paramedic, the representative of the mobile integrated healthcare program (as described in IC 16-31-12), or the representative of the mental health community paramedicine program may request a patient's individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider. Each psychiatric crisis center, psychiatric inpatient unit, and psychiatric residential treatment provider shall, upon request and without the consent of the patient, share a patient's individualized mental health safety plan that is in the standard format established by the division of mental health and addiction under IC 12-21-5-6 with the following individuals who demonstrate proof of licensure and commit to protecting the information in compliance with state and federal privacy laws:

(1) A licensed mental health professional.

(2) A licensed paramedic.

(3) A representative of a mobile integrated healthcare program (as described in IC 16-31-12).

(4) A representative of a mental health community paramedicine program.

An individualized mental health safety plan disclosed under this subsection may be used only to support a patient's welfare and safety and is considered otherwise confidential information under applicable state and federal laws.

(c) After information is disclosed under subsection (a)(15) and if the patient is evaluated to be dangerous, the records shall be interpreted in consultation with a licensed mental health professional on the staff of the United States Secret Service.

(d) A person who discloses information under subsection (a)(7), (a)(15), or (b) in good faith is immune from civil and criminal liability.

SECTION 12. IC 34-30-2.1-137, AS ADDED BY P.L.105-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 137. IC 12-11-13-8 (Concerning disclosure of records to the statewide ~~waiver~~ **bureau of disabilities services** ombudsman by providers of ~~waiver~~ services and employees of providers).



1 SECTION 13. IC 34-30-2.1-138, AS ADDED BY P.L.105-2022,
 2 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2025]: Sec. 138. IC 12-11-13-12 (Concerning the statewide
 4 ~~waiver~~ **bureau of disabilities services** ombudsman).

5 SECTION 14. IC 35-52-12-2, AS ADDED BY P.L.169-2014,
 6 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 7 JULY 1, 2025]: Sec. 2. IC 12-11-13-16 defines a crime concerning
 8 statewide ~~waiver~~ **bureau of disabilities services** ombudsman.

9 SECTION 15. [EFFECTIVE UPON PASSAGE] (a) **As used in this**
 10 **SECTION, "advisory council" refers to the division of disability**
 11 **and rehabilitative services advisory council established under**
 12 **IC 12-9-4.**

13 (b) **As used in this SECTION, "office" refers to the office of the**
 14 **secretary of family and social services established by IC 12-8-1.5-1.**

15 (c) **The office shall provide to the advisory council a report, at**
 16 **the advisory council's meetings, on the office's plan to provide**
 17 **services to individuals who require extraordinary care as follows:**

18 (1) **Not later than June 1, 2025, the office shall:**

19 (A) **present to the advisory council the office's proposed:**

20 (i) **definition of "extraordinary care"; and**

21 (ii) **method for determining whether an individual**
 22 **requires extraordinary care; and**

23 (B) **receive feedback from the advisory council on the**
 24 **proposals described in clause (A).**

25 (2) **Not later than July 1, 2025, the office shall:**

26 (A) **present to the advisory council the office's proposed**
 27 **Medicaid waiver amendment for the provision of services**
 28 **for individuals who require extraordinary care, including**
 29 **any information in the proposed amendment concerning:**

30 (i) **a structured family caregiving service arrangement;**
 31 **or**

32 (ii) **reimbursement for the provision of services by**
 33 **legally responsible individuals; and**

34 (B) **receive feedback from the advisory council on the**
 35 **proposed amendment described in clause (A).**

36 (3) **Not later than August 1, 2025, the office shall present to**
 37 **the advisory council any changes the office made to the**
 38 **proposed amendment described in subdivision (2)(A) based on**
 39 **feedback from:**

40 (A) **the advisory council; and**

41 (B) **public comments.**

42 (d) **At least five (5) days before each meeting described in**



1 subsection (c), the office shall provide to the advisory council
 2 written information the office intends to present at the meeting.
 3 (e) This SECTION expires July 1, 2026.
 4 SECTION 16. An emergency is declared for this act.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1689, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 6, delete lines 25 through 42.

Delete page 7.

Page 8, delete lines 1 through 37.

Page 12, after line 21, begin a new paragraph and insert:

"SECTION 15. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "advisory council" refers to the division of disability and rehabilitative services advisory council established under IC 12-9-4.

(b) As used in this SECTION, "office" refers to the office of the secretary of family and social services established by IC 12-8-1.5-1.

(c) The office shall provide to the advisory council a report, at the advisory council's meetings, on the office's plan to provide services to individuals who require extraordinary care as follows:

(1) Not later than June 1, 2025, the office shall:

(A) present to the advisory council the office's proposed:

(i) definition of "extraordinary care"; and

(ii) method for determining whether an individual requires extraordinary care; and

(B) receive feedback from the advisory council on the proposals described in clause (A).

(2) Not later than July 1, 2025, the office shall:

(A) present to the advisory council the office's proposed Medicaid waiver amendment for the provision of services for individuals who require extraordinary care, including any information in the proposed amendment concerning:

(i) a structured family caregiving service arrangement; or

(ii) reimbursement for the provision of services by legally responsible individuals; and

(B) receive feedback from the advisory council on the proposed amendment described in clause (A).

(3) Not later than August 1, 2025, the office shall present to the advisory council any changes the office made to the proposed amendment described in subdivision (2)(A) based on feedback from:

(A) the advisory council; and

(B) public comments.



(d) At least five (5) days before each meeting described in subsection (c), the office shall provide to the advisory council written information the office intends to present at the meeting.

(e) This SECTION expires July 1, 2026.

SECTION 16. An emergency is declared for this act."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1689 as introduced.)

BARRETT

Committee Vote: yeas 12, nays 0.

